# IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

WALTER BECK CORPORATION d/b/a THE RAINBOW INN,

Civil Action No. 04-348-Erie

Judge Maurice B. Cohill, Jr.

Plaintiff,

VS.

SAFECO CORPORATION, AMERICAN ECONOMY INSURANCE COMPANY, and AMERICAN STATES INSURANCE COMPANY,

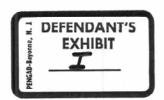
Defendant.

#### **AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA	)	
	)	SS:
COUNTY OF McKEAN	)	

And now comes, Marta McHale, who deposes and says as follows:

- 1. I am Marta McHale, the corporate secretary of Sundahl & Co., Inc., insurance agency.
- 2. In that capacity, I am a custodian of records. I make this affidavit of my own personal knowledge and information.
- 3. The Walter Beck Corporation operated a tavern, The Rainbow Inn, and was a customer of Sundahl & Co., Inc., at the time of a fire which occurred at the Rainbow Inn on December 5, 2003.
- 4. I have provided a copy of the Sundahl & Co., Inc. office file regarding insurance matters for the Walter Beck Corporation, in which Sundahl & Co. may have been involved. Copies



of our office file were provided to counsel for the Walter Beck Corporation and counsel for American Economy Insurance Company.

- 5. Part of that file consists of a form partially completed, on behalf of the Walter Beck Corporation by it, for Selective Insurance. The form is attached as Exhibit A-A1 to this affidavit and is a correct copy of the Selective Insurance form in the Sundahl & Co. file. The Selective Insurance form was located in, our office file for the Walter Beck Corporation's 1997 office insurance file.
- Also attached is a Restaurant Supplement that was completed in 2003, but not 6. transmitted to the insurer, as the Rainbow Inn was placed on the market for sale at that time. The form was retained in the Sundahl & Co. office file for the Walter Beck Corporation. This form is attached as Exhibit B hereto.
- Exhibit B was completed by Sharyn Beck, who is an officer of the Walter Beck 7. Corporation.
- 8. Both Exhibit A-A1 and Exhibit B are correct copies of the records which were and are maintained in the ordinary course of the business of Sundahl & Co., an independent insurance agency.
  - 9. If called as a witness, I can testify to the above. Further the affiant sayeth not.

Sworn and subscribed to before me this /72006.

day of November, 20 06.

My commission expires on the 17th

NOTARIAL SEAL TRACY M. SHERMAN, Notary Public City of Bradford, McKean County

Commission Expires March 28, 2009

Selective

### the Selective Summit RESTAURANTS Supplemental Application

Nais	d Insured	Agent	Date		
Name	R 183di en				
Fliothi	lity/Underwriting Information			YES N	10
	Has the business been in operation	at the same location for at least 5	years'?		
2.	Is this a franchise-type restaurant?	If yes, years in business under	ame		٥
3. 	Does the cooking exposure have:	Approved AES? Automatic fuel shut-off? AES maintenance contract eve Hood & Duct independent mai Manual pull in exit path? High limit control on deep fat	intenance:		000000
4.	Any properties over 25 years old; systems been updated in the last	? If so, have the plumbing, heating 15 years?	and electrical		00
5,	If frame construction, is the publ				<b>D</b> ′
6.		ons? If yes. receipts \$	-		
7.	Projective devices: Central st	ation fire/smoke alarms? sy lighting? larm? Central station   Lo			0000
8.	Any entertainment provided? If	f so, please describe			
9.	Is there any delivery? If yes, where Employee	hose vehicles are used? e's vehicle  lnsured's veh	nicle 🗆	0	a
10.	Is the business seasonal?				
11.	Is there any table side cooking	?			
12.	Are 50% or more of the menu	items deep fat fried?			
Additional Coverages:   Liquor Law Liability (Please complete a e. On page  Liquor Law Liability (Please complete a e. On page					
For	m 2001 (3/96)	EXHIBIT			Page l

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/	
uor Law	Liability Eligibility/Underwriting Information:
<u>a</u> .	Annual receipts from the sale of alcoholic beverages? \$
b.	Has the license ever been revoked or suspended?   Yes  No If yes, explain.
c.	Has management provided a written procedure or any formal training to employees to avoid selling liquor to intoxicated persons?
	☐ Yes ☐ No If yes, anach written procedure and describe formal training.  Does it include: ☐ TIPS ☐ ID/Age Identification ☐ Drink Cut-Off
	Are there any special programs with respect to reducing loss potential from drivers who have

been drinking (such as offering free non-alcoholic drinks or free rides home)?

☐ Yes ☐ No If yes, describe,

Are there any inducements to antract customers to the premises (such as "happy hour," "two-for-one" or "ladies nights," amusement devices or live entertainment)?

☐ Yes ☐ No If yes, describe.

### ADDITIONAL COMMENTS:

Form 2001 (3/96)

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## RESTAURANT SUPPLEMENT

Applicant: WALTER BECK CORPORATION DBA RATHROW TAN
1. Number of years in hydrogen and an arrange of the property
1. Number of years in business under current ownership? 14 At this location? 14
The state of the s
3. If needed, will financial statements be provided prior to binding? Yes No If yes, explain in Comments section 4. What are the gross sales for past 3 years:
Year 2002 Food of 4000
Year 2001 Food \$ 8000 Liquor \$ 20,000 Year 2001 Food \$ 20,000 Liquor \$ 33,000
Year Food \$ Liquor \$ 033,000
Year Food \$ Liquor \$ 33,008  Solution S
6. Is the business seasonal? Very No. No. No. 12 pm - 9 pm apen 4 days a guk
6. Is the business seasonal? Yes No Months of operation: to
7. Is there a bar or lounge? X Yes No If yes, describe in Comments section.
8. If liquor is served describe the training and the served describe the training and the served describe the training and the served describes the served d
8. If liquor is served, describe the training protocol for liquor servers in the Comments section.  9. Is there live entertainment?
9. Is there live entertainment? Yes No If yes, describe in Comments section (type, nights per week, hours, etc.).  10. Is there a dance floor? Yes No If yes, what is its size?
11. Are there any operations every from the
11. Are there any operations away from the premises, such as catering? Yes No If yes, explain in Comments section.  12. Any tableside cooking or food preparation? Yes No
13. Was the building originally built as a restaurant? Yes No If no, has wiring, etc., been updated for restaurant
14. Which floor is the restaurant located on? 2
15. Maximum seating capacity of restaurants (A) and 24
16. Number of exits: Are all exits free of obstruction lighted and and a light of the light of t
17. Is there emergency lighting? Yes _ No
18. Has insured ever been cited by Board of Hooleha
19. Housekeeping: Excellent; Good; Fair; Poor
20. Valet Parking: Yes XNo
21. Is there a coat check room? Yes XNo
22. Are all areas over ranges orille forces and all art
extinguishing system? Yes No Is the extinguishing system UL300 compliant? Yes X No  23. Is there a maintenance agreement to regularly inspect and are in the cooking surfaces, and hoods and ducts protected by an automatic fire
23. Is there a maintenance agreement to regularly inspect and service the system?Yes X No  24. Are the employees trained in the use of the automatic systems in system?Yes X No  Times per year?
24. Are the employees trained in the use of the automatic extinguishing system and portable fire extinguishers? X Yes No
25. Is there a maintenance agreement with an outside firm to clean the hood and duct system? Times per year? If no,
explain in Comments section. If no,
26. How often are the grease filters cleaned by the employees?
Comments:
EXHIBIT
'n